



PO Box 27391  
Omaha NE 68127  
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**CONFIDENTIAL CREDIT APPLICATION**

Firm Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street City County State Zip

Shipping Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street City County State Zip

Yrs. In Business \_\_\_\_\_ Type & Nature of Business \_\_\_\_\_

( ) Corp. ( ) Partnership ( ) Individual/Ownership Federal ID Number \_\_\_\_\_

Credit Requested (Monthly) \$ \_\_\_\_\_

**Principal Owners:**

Name	Street Address	City	State	Zip	Phone

**Accounts Payable Contact Information:**

Name	Phone #	Fax #	Email Address

**Credit References:**

Company Name	Address	Phone #	Fax #

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_ Account # \_\_\_\_\_

Are Purchase Orders Required? \_\_\_\_\_ Do You Accept Backorders? \_\_\_\_\_  
Do You Require Priced Packing List? \_\_\_\_\_ Do You Accept Partial Orders? \_\_\_\_\_

Application for credit is hereby applied for and is to be used by your Credit Department ONLY. We (I) hereby agree to your terms as stated and fully intend to abide by them. Terms are Net Thirty (30) days from invoice date. Ownership of merchandise remains in name of seller until PAID IN FULL. Service Charge of 1.5% will be assessed on unpaid balance after 30 days (annual percentage rate of 18%).

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_